

STATE OF MISSISSIPPI

JIM HOOD
ATTORNEY GENERAL

August 8, 2006

MEMORANDUM

TO: Robert Kersh
Administration

FROM: Larry A. Schemmel
Special Assistant Attorney General

RE: Patent Application No.: 10/791,310
Title: Food Compositions Comprising Waterleaf Leaves and Methods of
Using Thereof
Attorney Docket No.: 2004-01
AG Charge No.: 04-46408

Please make a check payable as soon as possible in the amount of \$1,000.00 to:

Director of the United States Patent and Trademark Office

The check is for payment of the issue fee of \$700.00 and the publication fee of \$300.00 (for a total of \$1,000.00) in the above-referenced patent matter on behalf of Alcorn State University. We received a Notice of Allowability of the patent and the required fees are for issuance and publication of the patent. Please call me and I will pick up the check for sending with all documentation of our response to the Notice of Allowance and Fee(s) Due (copy enclosed).

Alcorn will ultimately reimburse the Attorney General's Office for this amount upon invoice by the latter. Please call me if you have any questions. Thanks for all your help in this matter from the initial application filing date of 03-01-2004.

08/16/2006 TBESHAH2 00000057 10791310

**I CERTIFY THAT THIS IS AN
ORIGINAL INVOICE TO BE PAID**

01 FC:2501
02 FC:1504700.00 OP
300.00 OP

Larry A. Schemmel

cc: Roy M. Tipton, Esq.
I:\Larry\ALCORN\patent\kersch.ltr6

STATE OF MISSISSIPPI
PAYMENT VOUCHERTO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPITO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV NUMBER: PV 071 00000041056

PV DATE: ACCTG PRD: BUDGET FY: 07

ACTION: E PV TYPE: 1 SCH PAY DATE:

OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 1,000.00

EFT FLAG: N

VENDOR CODE: V99071MISC 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y

VENDOR NAME: DIRECTOR OF THE US PATENT & VEND PAYMENT TYPE:

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LN	CD	DEPT	NUMBER	COM	VENDOR	FUND	DEPT	ORG	SUB	APPR	ACTI
NO				LN	LN				ORG	UNIT	VITY
01	PD	071	00000011612	01	001	071-41056	3071	071	8030	24	2071
61690											
ISSUE FEE						700.00					
02	PD	071	00000011612	01	001	071-41056	3071	071	8030	24	2071
61690											
PUBLICATION FEE						300.00					

NAME OF DEPARTMENT: ATTORNEY GENERAL

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S
DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY: _____
(IF REQUIRED)
TITLE: _____

SIGNED BY: *[Signature]*
TITLE: *[Signature]*

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